COUNTY OF SAN DIEGO VOLUNTEER REPORT FORM PERIOD: JULY 1, 2005 - JUNE 30, 2006

COUNTY OF SAN DIEGO BOARD OF SUPERVISORS

2006 AUG -2 PM 3:53

| | DEPARTMENT/COL | JRT INFORMAT | ION: | | THOMAS J PASTUSZK | | |
|-----|--|-----------------|-------------------|---------------|--|--|--|
| | Department/Court: | | Н | HSA | CLERK OF THE BOARD ———————————————————————————————————— | | |
| | Division/Unit: | | AIS/Edger | noor Hospita | <u> </u> | | |
| | VOLUNTEER PROG | RAM BENEFIT | S: | | | | |
| a. | GENERAL VOLUNT intern, groups, corpo | | ion should includ | e community | volunteer, student | | |
| | No. Vol. 122 | Hours 20 | 80 X | \$18.04 | = \$37,523.20 | | |
| Tyı | pes of work performed | by GENERAL | VOLUNTEERS ir | this categor | y: | | |
| | Assist with bingo, ceramics, writing letters, reading, crafts, games, group activities, | | | | | | |
| | spiritual services and study, provide entertainment for functions, celebrate residents' | | | | | | |
| | birthdays, choir groups, social visits, wrap gifts. | | | | | | |
| b. | b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.) | | | | | | |
| | No. Vol. 0 | Hours I |) X | \$18.04 | = \$0.00 | | |
| Ту | pes of work performe | d by INSTITUTIO | ONAL VOLUNTE | ERS in this c | category: | | |
| | | | | | | | |
| | | | | | | | |
| C. | C. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.) | | | | | | |
| | <u>Position</u> | Hours | X VCL | = | Dollar Benefit | | |
| | | | | | \$0.00 | | |
| | | | | | \$0.00 | | |
| | Na Vol. 0 | Total Hou | rs 0 | Total Va | lue \$0.00 | | |

| Types of work performed by SPECIALIZED VOLUNTEERS in this category: | | | | | | | |
|---|---|-------------------------|---------|--------|----------------|---|--------------------|
| | | | | | | *************************************** | |
| | | | | | | | |
| d. | d. TOTALS OF DEPARTMENT VOLUNTEERS (from above): | | | | | | |
| | No. of V | No. of Volunteers Hours | | | Dollar Benefit | | |
| | 1 | 22 | _ | 2080 | | \$37,523 | |
| | | 0 | _ | 0 | _ | \$0 | |
| | | 0 | - | 0 | _ | <u>\$0</u> | |
| Т | OTALS: | 122 | Tota | Hours | 2080 | Total Valu | ie \$37,523.29 |
| D O | NATIONIC | TO VOLU | NTEED D | POCEAN | A. | | |
| | | | | | | | |
| Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section. | | | | | | | |
| Iten | n Donated: Clothing | | | Value: | \$750.00 | | |
| Iten | n Donated | Donated: Books | | | | Value: | \$16,348.00 |
| Iten | n Donated | l: | | | | Value: | |
| lter | Item Donated: Miscellaneous items | | | ns | Value: | \$1,000.00 | |
| | | | | | TOTAL | VALUE = | \$18,098.00 |
| | VOLUNTEER PROGRAM COSTS: a. Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.) | | | | | | |
| a. | | | | | | | |
| | Hours | 208 | X | Rate | \$26.50 | | \$5,512.00 |
| b. | b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.) | | | | | | f staff, compiling |
| | Hours | 104 | х | Rate | \$12.00 | | \$1,248.00 |

3.

4.

| | C. | Other program costs (training materials/supplies, recognition costs, etc.): | | | | | |
|----|----|---|----------------|--|--|--|--|
| | | Item : Recognition/Training materials | Cost: \$100.00 | | | | |
| | | Item : | Cost: | | | | |
| | | Item: | Cost: | | | | |
| | | TOTAL OF OTHER PROGRAM COSTS = | \$100.00 | | | | |
| | d. | TOTAL OF PROGRAM COST (4a+4b+4c) = | \$6,860.00 | | | | |
| 5. | | NET BENEFIT TO DEPARTMENT FROM VOLUNT | EER PROGRAM: | | | | |
| | а | Total Dollar Benefits of Volunteers, Item 2d | \$37,523.20 | | | | |
| | b. | Total of Donations to Volunteer Program, Item 3 | \$18,098.00 | | | | |
| | c. | Subtract Total of program Costs, Item 4d | \$6,860.00 | | | | |
| | | TOTAL PROGRAM BENEFIT: | \$48,761.20 | | | | |

| 6. | RECRUITING: Please describe your recruiting programs: | | | | | | | |
|-----|--|--|---------------|----------|--------------|-------------------------------|--|--|
| | Volunteer forms are available for download through the internet. AlS outreach and | | | | | | | |
| | community functions. Word-of-mouth through staff, church groups, community | | | | | | | |
| | organizations and high school programs. Put ads in local community papers, i.e., | | | | | | | |
| | | Reader, San Diego Union Tribune, etc. | | | | | | |
| | | | | | | | | |
| 7. | SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS: Please describe any special activities and/or achievements your program was involved in during the period of this report: | | | | | | | |
| | | Red, White & Blue BBQ to honor Resident Council Officers. Various monthly events hosted by community groups, volunteers and staff. Rehab patients return as volunteers | | | | | | |
| | | | inteers and s | taff. Re | hab patients | s return as volunteers | | |
| | to Edgemoor H | lospital. | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 8. | Please describ training, recog | VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2006-07: Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals: | | | | | | |
| | | olunteer form on we | | | | | | |
| | community. E | community. Expand volunteer program through additional recruitment methods. | | | | | | |
| | Maintain outre | Maintain outreach programs with local high schools. | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 9. | GENERAL IN | FORMATION: | | | | | | |
| J. | OLIVEI CAL III | | | | | | | |
| | Name of person | Name of person completing report: | | | Lil | iana Lau | | |
| | Phone: | 619-952-2992 | Mail Stop: \$ | S552 | E-Mail: | liliana.lau@sdcounty.ca.gov | | |
| | FIIONE. | 013-302-2002 | | | | | | |
| | Volunteer Cod | nahan | | | | | | |
| | Dhano | 619-956-2953 | Mail Stop: \$ | 8552 | E-Mail: | julie hanahan@sdcounty.ca.gov | | |
| | Phone: | 019-930-2333 | | 0002 | | | | |
| 10. | DEPARTMEN | IT FERTIFICATION | l: | | | | | |
| | | 1. | | | • | • | | |
| | $\boldsymbol{\omega}$ | 7/3/06 | | | | | | |
| | DEPART | MENT HEAD SIGN | ATURE | | D/ | ATE | | |